LOS ANGELES COUNTY COMMISSION ON HIV

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Approved 1/3/2013

STANDARDS OF CARE (SOC)
COMMITTEE MEETING MINUTES

November 1, 2012

MEMBERS PRESENT	MEMBERS ABSENT	DHSP STAFF	COMM STAFF/ CONSULTANTS
Fariba Younai, *Co-Chair*	Angèlica Palmeros, *Co-Chair*	Sonali Kulkarni	Jane Nachazel
Mark Davis	Vivian Branchick		Craig Vincent-Jones
Lilia Espinoza	Carlos Vega-Matos		
David Giugni	Jocelyn Woodard/Robert Sotomayor	**PUBLIC**	
Terry Goddard		David Martin	
James Jones		Brett Morana	

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Standards of Care (SOC) Committee Agenda, *11/1/2012*
2) **Minutes**: Standards of Care (SOC) Committee Meeting Minutes, *10/4/2012*
3) **Standards of Care**: Medical Outpatient Services, *3/11/2010*
4) **PowerPoint**: Medical Marijuana and HIV, *5/18/2011*

1. **CALL TO ORDER**: Dr. Younai called the meeting to order at 10:20 am.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 10/4/2012 Standards of Care (SOC) Committee meeting minutes **(*Passed by Consensus)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP**: There were no comments.

6. **CO-CHAIRS' REPORT**: There was no report.

7. **MEDICAL OUTPATIENT SERVICES**:
   A. **Standards Review**:
      - Development of current standards began in 2005-2006. SOC decided on a protocol of formal review every three or four years, but many have been revised prior to formal review as necessary changes had to be incorporated. It was also felt existing bodies, such as the Medical Advisory Committee (MAC), might serve as Expert Review Panels (ERPs) for revision of some standards.
      - The Commission recently asked DHSP to review the Medical Outpatient/Specialty (MO) standard of care, last revised in 2010. Dr. Kulkarni, Medical Director, DHSP, said some services have shifted to Medical Care Coordination (MCC) and some have been dropped, such as Treatment Adherence.
      - Mr. Vincent-Jones noted there are standards for unfunded services. Treatment Adherence was discussed in depth versus Treatment Education. Treatment Adherence is an intrinsic part of the medical visit and should be reflected in the medical outpatient standards, though it is not funded separately. Treatment Education is performed outside the medical environment and is going to be integrated into the Linkage to Care (LTC) standard of care.

- Dr. Kulkarni asked about a sense of discordance in the nutrition component. Mr. Vincent-Jones responded that it may come from a historical difference of opinion: Marcy Fenton, DHSP, had wanted more counseling (a longer counseling period) than did other ERP members. The final minimum expectation reflected, in the Commission's view, a realistic balance.
- Dr. Kulkarni said DHSP has increased emphasis on detection, LTC and screenings for STDs. She has developed some draft language to enhance the MO SOC in those areas.
- She asked about a potential perinatal standard of care. Dr. Espinoza said Dr. Jennifer Sayles, DHSP's previous Medical Director had raised the issue. The consensus was that if a separate standard of care was not done then it should be incorporated in the medical outpatient standard of care.
- Regarding the Oral Health standard of care, Dr. Davis asked if the Oral Health Advisory Committee (OHAC) might serve as the ERP. Dr. Younai noted the Oral Health Advisory Group (OHAG) is affiliated with the Pacific AIDS Education and Treatment Center (PAETC), which indicates that OHAG has a broader reach. Mr. Vega-Matos said that OHAC is more Ryan White-oriented than OHA. Mr. Vincent-Jones suggested using OHAC as the basic ERP and inviting OHAG members to participate as well.
- ➲ Dr. Kulkarni will request at MAC's 11/2/2012 meeting that it act as the ERP for the Medical Outpatient/Specialty standard of care and possibly reserve the 1/20/2013 meeting for that. She will also put her recommendations into track change form for the discussion at the ERP.
- ➲ Request OHAC to serve as the Oral Health ERP and invite OHAG members to join them.
- ➲ Mr. Vincent-Jones will present a draft standards timeline, starting with the Mental Health SOC, at the 1/3/2013 SOC meeting for review and decisions on ERPs, e.g., the Mental Health standard of care was recently revised so may not need an ERP.

B. Medical Marijuana:

- Dr. Martin is Chief Psychologist and Director of Training, Department of Psychiatry, Harbor-UCLA Medical Center. He said this issue was initially raised by Harbor-UCLA social workers who had issues with marijuana immobilizing patients. He previously presented on it in Long Beach, at Coping With Hope and at the Commission in 2011 when he recommended addressing it in the Medical Outpatient standard of care.
- Marinol is a synthetic form of THC available by prescription to relieve nausea and vomiting due to chemotherapy, loss of appetite among PLWHA, pain syndromes, neurological spasticity, and to lower eye pressure in glaucoma. Marinol is available in pill form, approved by the Federal Drug Administration (FDA), by buccal spray in Canada, and is being studied in patch form for a more rapid controlled onset. It is not toxic to the liver.
- Smoked/ingestible marijuana contains more than 400 chemicals, including most hazardous chemicals found in tobacco. Smoking is a poor drug delivery system due to dosage inconsistency and the inability to monitor or adjust dosage. Onset of action is quick, but duration is shorter than Marinol. No FDA approved medications are smoked. Ingestible marijuana has a longer onset and duration of action, which can lead to accidental overdose.
- THC levels have increased through plant breeding to more than 10 times 1980 levels, but cannabidiol (CBD) levels have simultaneously decreased. CBD is thought to be the ingredient that reduces pain and anorexia. Cannabis use in adolescence increases mental illness risk, especially psychotic illness later in life, e.g., a Swedish study of 50,000 patients reported those who used by 18 were 2 to 4 times more likely to be diagnosed with schizophrenia. There is also increased risk of depression and panic attacks/anxiety. Withdrawal symptoms of irritability, restlessness, insomnia or anorexia can confuse the clinical picture and be attributed to medication side effects or worsening illness.
- Patients with HIV cognitive impairment can experience greater impairment, especially of working memory, reaction time, processing speed, motor coordination and attention, as well as amotivational syndrome. Ten percent (10%) become addicted. There are also a variety of interactions with both psychiatric and antiretroviral medications.
- Direct medical consequences include: increased heart rate; increased risk of bronchitis/asthma, respiratory cancers and cardiovascular disease; impaired immune function; and lowered testosterone, which may lead to infertility. Dr. Younai noted an increase in oral health disease, especially among heavy marijuana smokers, not seen in tobacco use.
- Patients who use Marinol usually obtain it through their primary physician, but most patients prefer medical marijuana because action is faster. County physicians are not allowed to prescribe medical marijuana, but cards authorizing the use of medical marijuana can be obtained from other physicians. Visits cost $40 to $100. Generally, little history or risks are discussed. In practice, many patients buy without a card.

- Dr. Martin recommends incorporating a discussion of issues into the medical outpatient standard of care especially in areas where substance abuse is discussed. Literature suggests discussion of safe, FDA-approved medications for underlying psychiatric illnesses and the risks of marijuana in exacerbating psychiatric illness, the immune system, respiratory health, cardiovascular health and sexual function can help patients make healthier choices.
- Dr. Martin added there are also suggestions for helping mental health professionals learn how to discuss healthier stress options with their patients.
- Dr. Davis feared adding another requirement to physician visits. He and others suggested raising the issue with mental health professionals. It may also be incorporated in MCC in much the same way patients are asked about tobacco use.
- Mr. Giugni asked if the recommendation was against medical marijuana overall and, in particular, smoking which has different and greater risks. Dr. Martin said recommendations make no determination on use per se. It may be appropriate in some circumstances. The literature is primarily on clinical aspects of use.
- Mr. Goddard felt the key goal was to have the patient conversation, since marijuana is part of the HIV landscape. He felt it best to ask about use rather than associate it with substance abuse, which could turn off some patients.
- Dr. Kulkarni said there should be a provider-patient discussion, as many patients feel there is a benefit for them, e.g., a lot of advocacy for medical marijuana came out of the cancer and HIV/AIDS communities. Dr. Younai felt guidelines are important so physicians think about the issues regardless of whether or not they provide a card.
- Mr. Vincent-Jones felt a bit uncomfortable that, by addressing this, it seems to tacitly acknowledge that patients may go outside the system of care for an element of care that, at least in some cases, may be recognized as part of the treatment plan. Though the County may not provide cards, standards are written to address care beyond County practice. He felt access to cards should be addressed if it is acknowledged as a potential component of treatment.
- Dr. Martin suggested consulting the Medical Board of California's statement on medical marijuana. Standards for a prudent physician include: history and examination, treatment plan with objectives, informed consent with discussion of side effects, periodic review of treatment received, consultation as necessary, and proper records supporting use. He noted key contra-indications are increased risk of substance abuse and psychiatric disorders.
- Dr. Kulkarni said there was little evidence of its value, so physicians are reluctant to prescribe it. It might be addressed under complementary/alternative medicine. Mr. Giugni suggested typical television advertisement language such as, "Ask your doctor if this is right for you." Dr. Younai suggested references in both the Medical Outpatient and Mental Health standards of care.

➲ Dr. Kulkarni will ask the MAC to discuss medical marijuana at an upcoming meeting, e.g., experience with patients.
➲ Refer medical marijuana for appropriate inclusion in both the Medical Outpatient and Mental Health standards of care.

8. EXPERT REVIEW PANELS (ERPS):

A. Vision Services:

- Mr. Vincent-Jones said the original date was cancelled as three of the five optometrists cancelled. It is hard to recruit since there are currently no funded services. The ERP was rescheduled for the evening of 12/3/2012 to avoid work conflicts.

➲ Contact Mr. Vincent-Jones with additional references for optometrists.

B. Linkage to Care: There will be two LTC ERPs on 12/3/2012 and 12/4/2012.

9. NEXT STEPS:

- Mr. Goddard requested an update on the Evaluation of Service Effectiveness (ESE) balance score card. Mr. Vincent-Jones reported there is significant work to do on the Medical Outpatient ESE. The Oral Health ESE is nearly complete.
- The Oral Health ESE balance score card will remain the same, but the one for the MO ESE will be simplified in response to concerns from providers especially the Los Angeles Gay and Lesbian Center and AIDS Healthcare Foundation. The goal is to provide a realistic assessment of MO clinics, but be sensitive to their additional work due to health care reform changes.

➲ Cancel the 12/6/2012 SOC meeting and extend the 1/3/2013 meeting to 9:00 am to 12:00 noon.
➲ Mr. Vincent-Jones will work with Mary Orticke, DHSP to finalize the Oral Health ESE.

10. ANNOUNCEMENTS: This item was postponed.

11. ADJOURNMENT: The meeting adjourned at 11:35 am.